



APPLICATION FOR ANNUAL PERMIT TO OPERATE AMUSEMENT DEVICE

State Form 323 (R4 / 2-06)

Approved by State Board of Accounts, 2006

DIVISION OF FIRE & BUILDING SAFETY DIVISION OF AMUSEMENT RIDE SAFETY

402 West Washington Street, W246

Indianapolis, IN 46204

Telephone: (317) 232-2670

<http://www.in.gov/dhs/fire>

Fax: (317)232-6609

(317)232-0146

Make checks payable to:

DIVISION OF FIRE & BUILDING SAFETY

| | | | |
|---------------------------------------|-----------------|-------------------|-------------|
| DBA (<i>doing business as</i>): | Name of Owner: | | |
| Address (<i>street and number</i>): | E-mail Address: | Telephone Number: | |
| City: | State: | ZIP Code: | Fax Number: |

| DEVICE NAME | ID NUMBER | INSP DUE DATE | DEVICE NAME | ID NUMBER | INSP DUE DATE |
|-------------|-----------|---------------|-------------|-----------|---------------|
| 1. | | | 16. | | |
| 2. | | | 17. | | |
| 3. | | | 18. | | |
| 4. | | | 19. | | |
| 5. | | | 20. | | |
| 6. | | | 21. | | |
| 7. | | | 22. | | |
| 8. | | | 23. | | |
| 9. | | | 24. | | |
| 10. | | | 25. | | |
| 11. | | | 26. | | |
| 12. | | | 27. | | |
| 13. | | | 28. | | |
| 14. | | | 29. | | |
| 15. | | | 30. | | |

SUBMIT THE CURRENT AND UPDATED ITINERARY USING APPLICATION FORM AS A SECOND PAGE TO THIS FORM

| LOCATION/ADDRESS | SITE CONTACT PERSON/PHONE | OPENING DATE | CLOSING DATE | ANNUAL INSP DATE |
|------------------|---------------------------|--------------|--------------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

Check here if paying by credit card.

FEE SCHEDULE

1. **Application and affidavit must be submitted 30 days prior to opening date.**
2. Enclose check and valid certificate of insurance.
3. Notify this office by fax, mail or e-mail **two (2) weeks in advance** to schedule annual inspection or changes in itinerary.
4. Manuals, maintenance reports, and NDT reports (if required) for **EACH** device must accompany the device at **ALL** times.
5. Reinspection fees shall be one-half (1/2) of the annual inspection fee.
6. Subsequent inspection fee shall be one hundred dollars (\$100) per device.

| | |
|-------------|----------|
| Kiddie | \$144.00 |
| Major | \$144.00 |
| Spectacular | \$144.00 |
| Ski Lift | \$288.00 |
| Rope Tow | \$144.00 |

Signature of Owner/Representative

Date Signed (*month, day, year*)

**APPLICATION FOR ANNUAL PERMIT TO OPERATE AMUSEMENT DEVICE
CREDIT CARD PAYMENT**

The application must include payment of the permit fee of \$_____ (fill in the amount). If paying by *Visa* or *MasterCard*, complete the following information:

| | |
|---|---|
| Full Name on Credit Card: _____ | |
| Billing Address | Street: _____ |
| | City: _____ State _____ ZIP Code _____ |
| | Phone Number: _____ |
| | Credit Card (<i>check one</i>): <i>Visa</i> <i>MasterCard</i> |
| Account Number: _____ Expiration Date (<i>month/year</i>): _____ / _____ | |
| CVV2 Number (<i>last 3 digits of the number in the signature block on the back of the card</i>): _____ | |
| By signing, Cardmember agrees to the obligations set forth by the Cardmember's Agreement with the issuer. | |
| | _____ Signature |